

State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/20/2006 Business ID: 461666 William M. Gardner Secretary of State

BEECH ST. CONDO LLC		ADDRESS OF PRINCIPAL OFFICE:
3 DOE RUN LN		3 DOE RUN LN
STI	RATHAM , NH 03885	STRATHAM , NH 03885
	ENTITY TYPE: LLC BUSINESS ID: 461666	1 REGISTERED AGENT AND OFFICE:
		NANCW A LEFAND
	STATE OF DOMICILE: NEW HAMPSHIRE	NANCY A KEANE
	FEDERAL ID: 34-1977289	3 DOE RUN LN
	OWNERSHIP OF RENTAL REAL ESTATE	STRATHAM , NH 03885
	If changing the mailing or principal office address, please o	check the appropriate box and fill in the necessary information.
2	The new mailing address	
	The new principal office address	
	PO Box is	acceptable.
MANAGERS MEMBERS		
	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS B
	NAME	NAME NEEDLY H. KEENE
	STREET	STREET 3 Doc Kun Lanc
	CITY/STATE/ZIP	CITY/STATE/ZIP Strathan, NH 03885
	NAME	NAME MICHAELI, KPAOS
3	STREET	STREET 3 DOCKUN LANG.
	CITY/STATE/ZIP	CITY/STATE/ZIP Strathow NH 03885
	NAME	NAME
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	NAME	NAME
l	STREET	STREET
1	CITY/STATE/ZIP	CITY/STATE/ZIP
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED		MANAGERS/MEMBERS ARE ATTACHED
To be signed by the manager, if no manager, must be signed by a member. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and be		
	Sign here: Women A-Ko	ane_
	Please print name and title of signer: Nancy A. K	pane 1 Member
	NAME J	TITLE
	FEE DUE: \$100.00 E-MAIL ADDRESS	s (OPTIONAL): nancy @ mikarch, tects, com

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529